Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF PENNSYLVANIA	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Identify Yourself** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on Lois-Jean your government-issued First name First name picture identification (for example, your driver's Cescilia license or passport). Middle name Middle name Bring your picture Benjamin identification to your Last name and Suffix (Sr., Jr., II, III) Last name and Suffix (Sr., Jr., II, III) meeting with the trustee. Lois-Jean Cescilia King-Benjamin All other names you have Lois-Jean Benjamin used in the last 8 years Lois-Jean C. Benjamin Include your married or Lois Jean C. King maiden names. Only the last 4 digits of your Social Security number or federal xxx-xx-3465 Individual Taxpayer Identification number (ITIN)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs.  Business name(s)  EINs	☐ I have not used any business name or EINs.  Business name(s)  EINs
5.	Where you live	5826 Decker Road	If Debtor 2 lives at a different address:
		Bushkill, PA 18324-7934  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Pike	Trumber, direct, dity, diate a 211 doue
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Deb	otor 1 Lois-Jean Cescilia	a Benjamin			Case number (if known)	
Par	t 2: Tell the Court About	Your Bankruptcy	Case			
7.	The chapter of the Bankruptcy Code you are choosing to file under			of each, see <i>Notice Required by</i> page 1 and check the appropriat	11 U.S.C. § 342(b) for Individuals Filing for B e box.	ankruptcy
	choosing to the under	☐ Chapter 7				
		☐ Chapter 11				
		☐ Chapter 12				
		Chapter 13				
8.	How you will pay the fee	about how order. If yo a pre-print	you may pay. Typi our attorney is subm ed address.	cally, if you are paying the fee you nitting your payment on your beh	k with the clerk's office in your local court for ourself, you may pay with cash, cashier's che alf, your attorney may pay with a credit card o	ck, or money or check with
		☐ I need to p	oay the fee in insta	allments. If you choose this option (Official Form 103A).	on, sign and attach the Application for Individ	uals to Pay
		l request to but is not reapplies to	that my fee be wai equired to, waive y your family size and	wed (You may request this optio our fee, and may do so only if you d you are unable to pay the fee in	n only if you are filing for Chapter 7. By law, a our income is less than 150% of the official point installments). If you to like this option, you	verty line that
		те Аррііса	alion to have the C	napter 7 Filling Fee Walved (Onli	cial Form 103B) and file it with your petition.	
9.	Have you filed for bankruptcy within the last 8 years?	■ No.				
	last o years:	Distri	ct	When	Case number	
		Distri		When		
		Distri		When	Case number	
		Distri		which		
10.	Are any bankruptcy	■ No				
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.				
		Debto	or		Relationship to you	
		Distri	ct	When	Case number, if known	
		Debto	or		Relationship to you	
		Distri	ct	When	Case number, if known	
11.	Do you rent your residence?	■ No. Go t	to line 12.			
	Toolaonoo I	☐ Yes. Has	your landlord obtai	ined an eviction judgment agains	st you?	
			No. Go to line 1	2.		
			Yes. Fill out <i>Init</i> this bankruptcy		Judgment Against You (Form 101A) and file i	t as part of

	LOIS-Jean Cescina	a Delijali	Til Case Hambel (# Mown)	
2011	2. Domont About Any Du		Vau Our as a Sala Brannistan	
-an	Report About Any Bu	Isinesses	You Own as a Sole Proprietor	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.	
		☐ Yes.	Name and location of business	
	A sole proprietorship is a			
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, State & ZIP Code	
	it to this petition.		Check the appropriate box to describe your business:	
			☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))	
			☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))	
			Stockbroker (as defined in 11 U.S.C. § 101(53A))	
			☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))	
			☐ None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	filing under Chapter 11, the court must know whether you are a small business debtor. If you indicate that you are a small business debtor, you must attach your most recent s, cash-flow statement, and federal income tax return or if any of these documents do n C. 1116(1)(B).	balance sheet, statement of
	For a definition of small	■ No.	I am not filing under Chapter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the Code.	definition in the Bankruptcy
		☐ Yes.	I am filing under Chapter 11 and I am a small business debtor according to the defin	ition in the Bankruptcy Code.
	D 4444			
		Have Any	Hazardous Property or Any Property That Needs Immediate Attention	
14.	Do you own or have any property that poses or is	■ No.		
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	
	•		Number, Street, City, State & Zip Code	

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 Lois-Jean Cescilia	a Benjam	nin	Case numbe	「 (if known)
Par	t 6: Answer These Questi	ons for R	eporting Purposes		
	What kind of debts do you have?	16a.	Are your debts primarily cons	umer debts? Consumer debts are definal, family, or household purpose."	ned in 11 U.S.C. § 101(8) as "incurred by an
			_		
		16h	Yes. Go to line 17.	anna dahta? Duainana dahta aya dahta	that was in assumed to abtain
		16b.	money for a business or investm	ness debts? Business debts are debts nent or through the operation of the busi	
			☐ No. Go to line 16c.		
		4.0	☐ Yes. Go to line 17.		
		16c.	State the type of debts you owe	that are not consumer debts or busines	s dedts
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7.	Go to line 18.	
Chapter 7?  Do you estimate that after any exempt property is excluded and act after any exempt property is excluded and are paid that funds will be available to distribute to unsecured creditors?  property is excluded and administrative expenses		erty is excluded and administrative expenses			
after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and					
			□Yes		
18.	How many Creditors do	<b>1</b> -49		□ 1,000-5,000	□ 25,001-50,000
	you estimate that you owe?	□ 50-99		□ 5001-10,000	<b>5</b> 0,001-100,000
		☐ 100-1 ☐ 200-9		□ 10,001-25,000	☐ More than100,000
19.	How much do you	□ \$0 - \$	50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion
			001 - \$500,000 001 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
		φοσο,		. , , ,	·
20.	How much do you estimate your liabilities	\$0 - \$		\$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	to be?		001 - \$100,000 001 - \$500,000	☐ \$10,000,001 - \$50 million ☐ \$50.000.001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion
			001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
Par	t 7: Sign Below				
For	you	I have ex	camined this petition, and I declar	e under penalty of perjury that the inforn	nation provided is true and correct.
				am aware that I may proceed, if eligible, f available under each chapter, and I ch	under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.
				pay or agree to pay someone who is no otice required by 11 U.S.C. § 342(b).	t an attorney to help me fill out this
		I request	relief in accordance with the cha	oter of title 11, United States Code, spec	cified in this petition.
		bankrupt and 3571	cy case can result in fines up to \$1.	ncealing property, or obtaining money o 250,000, or imprisonment for up to 20 y	r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,
		Lois-Je	-Jean Cescilia Benjamin an Cescilia Benjamin e of Debtor 1	Signature of Debto	72
		Executed	d on June 6, 2018	Executed on	
			MM / DD / YYYY		/ DD / YYYY

Debtor 1 Lois-Jean Cescili	a Benjamin	Case	e number (if known)
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, Ur	nited States Code, and have ex	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter ebtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) appli schedules filed with the petition is incorrect.		ledge after an inquiry that the information in the
	/s/ Vincent Rubino	Date	June 6, 2018
	Signature of Attorney for Debtor		MM / DD / YYYY
	Vincent Rubino 49628		
	Printed name		
	Newman Williams et al		
	Firm name		
	712 Monroe Street		
	PO Box 511		
	Stroudsburg, PA 18360-0511		
	Number, Street, City, State & ZIP Code		
	Contact phone <b>570-421-9090</b>	Email address	vrubino@newmanwilliams.com
	49628 PA		
	Bar number & State		

Fill i	n this informa	ation to identify your	case:			
Debt		Lois-Jean Cescili				
D . l	0	First Name	Middle Name	Last Name		
Debt (Spous	or 2 se if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Bank	kruptcy Court for the:	MIDDLE DISTRICT OF F	PENNSYLVANIA		
Case	number					
(if know					_	ck if this is an
					amer	nded filing
Ott:	isial Fam	1000:				
		m 106Sum Your Assets	and Liabilities an	d Certain Statistical Information		12/15
				are filing together, both are equally responsible	for supplyi	
inforr	nation. Fill oເ	ut all of your schedule	es first; then complete the	e information on this form. If you are filing amen the box at the top of this page.		
Part		rize Your Assets	non cammary and oncon	and box at the top of the page.		
rait	Julillia	ize rour Assets			V	
						assets of what you own
1.	Schedule A/E	3: Property (Official Fo	orm 106A/B)		•	550 000 00
	1a. Copy line	55, Total real estate, for	rom Schedule A/B		\$	550,000.00
	1b. Copy line	62, Total personal pro	perty, from Schedule A/B		\$	90,299.60
	1c. Copy line	63, Total of all property	on Schedule A/B		\$	640,299.60
Part :	2: Summar	rize Your Liabilities				
					Your I	liabilities
					Amou	nt you owe
			laims Secured by Property mn A, <i>Amount of claim,</i> at tl	(Official Form 106D) he bottom of the last page of Part 1 of <i>Schedule D</i>	\$	401,254.57
3.	Schedule E/F. 3a. Copy the	: Creditors Who Have total claims from Part	Unsecured Claims (Official 1 (priority unsecured claims	Form 106E/F) s) from line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy the	total claims from Part	2 (nonpriority unsecured cla	aims) from line 6j of Schedule E/F	\$	129,301.76
				Your total liabilitie	s \$	530,556.33
Dort	2. Summo	vina Varru Ingama and	Evnance			
Part	<u> </u>	rize Your Income and	•			
4.		<i>our Income</i> (Official Fombined monthly incom		I	\$	4,926.85
		our Expenses (Official onthly expenses from li			\$	3,726.85
Part -	4: Answer	These Questions for	Administrative and Statis	stical Records		
			er Chapters 7, 11, or 13? on this part of the form. Ch	neck this box and submit this form to the court with y	our other so	chedules.
7.	■ Yes What kind of	debt do you have?				
		•	cumor dobte. Consumer d	obto are those "incurred by an individual misses" to	r o noroor -	I family or
				ebts are those "incurred by an individual primarily for statistical purposes. 28 U.S.C. § 159.	ı a persona	і, іапіііу, ОГ

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

7,730.56

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total c	laim
From Fait 4 on Schedule E/F, copy the following.		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	19,303.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	19,303.00

Debtor 1	Lois-Jean C	escilia Benjami	n				
	First Name	Middle	Name	Last Name			
Debtor 2 Spouse, if filing)	First Name	Middle	Name	Last Name			
Jnited States E	Bankruptcy Court for	the: MIDDLE DI	STRICT OF F	PENNSYLVANIA			
Case number							☐ Check if this is a
							amended filing
	4004/5						
	orm 106A/E	_					
cneau	le A/B: P	roperty					12/15
Do you own or	r have any legal or ed	quitable interest in a	ny residence, i	building, land, or similar property?			
□ No. Go to Pa ■ Yes. Where	, ,	quitable interest in a					
No. Go to Po  Yes. Where	art 2.	quitable interest in a	What is the	property? Check all that apply		unt assured alpha	ing a gramating Dut
□ No. Go to Po ■ Yes. Where	art 2.		What is the ☐ Singl ☐ Duple		Do not deduthe amount	of any secured	ims or exemptions. Put I claims on Schedule D: ns Secured by Property.
No. Go to Post Yes. Where	e is the property?  D'Donnell Road  is, if available, or other des	scription	What is the Singl Duple Conc	property? Check all that apply le-family home ex or multi-unit building dominium or cooperative	Do not deduthe amount	of any secured ho Have Claim	claims on Schedule D:
No. Go to Post Yes. Where 11 164-03 O Street addres	e is the property?  D'Donnell Road  s, if available, or other des	scription 11433-0000	What is the Singl Duple Conc	property? Check all that apply le-family home ex or multi-unit building dominium or cooperative ufactured or mobile home	Do not deduthe amount Creditors W.	of any secured tho Have Claim lue of the erty?	d claims on Schedule D: as Secured by Property.  Current value of the portion you own?
No. Go to Post Yes. Where	e is the property?  D'Donnell Road  is, if available, or other des	scription	What is the Singl Duple Conc Manu Land	property? Check all that apply le-family home ex or multi-unit building dominium or cooperative ufactured or mobile home stment property share	Do not deduthe amount Creditors W.  Current valentire prop	of any secured the Have Claim lue of the lerty?	current value of the portion you own? \$550,000.06
No. Go to Post Yes. Where 11 164-03 O Street addres	e is the property?  D'Donnell Road  s, if available, or other des	scription 11433-0000	What is the Singl Duple Conc Manu Land Inves Time Othe	property? Check all that apply e-family home ex or multi-unit building dominium or cooperative ufactured or mobile home stment property share r Two-family home	Do not deduthe amount Creditors W.  Current valentire prop \$55  Describe the (such as fe	of any secured who Have Claim the of the perty?  60,000.00  ne nature of your simple, tena	d claims on Schedule D: as Secured by Property.  Current value of the portion you own?
No. Go to Positive Yes. Where 11 164-03 O Street addres  Jamaica	e is the property?  D'Donnell Road  s, if available, or other des	scription 11433-0000	What is the Singl Duple Conc Manu Land Inves Time Othe Who has an	property? Check all that apply e-family home ex or multi-unit building dominium or cooperative ufactured or mobile home stment property share	Do not deduthe amount Creditors W.  Current valentire prop \$55  Describe the (such as fe	of any secured who Have Claim the of the perty?  60,000.00  The nature of your simple, tenate), if known.	Current value of the portion you own? \$550,000.00
No. Go to Positive Yes. Where 11 164-03 Construction Street address	e is the property?  D'Donnell Road  s, if available, or other des	scription 11433-0000	What is the Singl Duple Conc Manu Land Inves Time Othe Who has ar	property? Check all that apply de-family home ex or multi-unit building dominium or cooperative ufactured or mobile home strment property share r Two-family home interest in the property? Check one	Do not deduthe amount Creditors W.  Current valentire prop \$55  Describe the (such as fear life estates)	of any secured who Have Claim the of the perty?  60,000.00  The nature of your simple, tenate), if known.	Current value of the portion you own? \$550,000.00
No. Go to Post Yes. Where 11 164-03 C Street address City	e is the property?  D'Donnell Road  s, if available, or other des	scription 11433-0000	What is the Singl Duple Conc Manu Land Inves Time Othe Who has ar Debte Debte	property? Check all that apply e-family home ex or multi-unit building dominium or cooperative ufactured or mobile home streent property share r Two-family home interest in the property? Check one or 1 only or 2 only or 1 and Debtor 2 only	Do not deduthe amount Creditors W.  Current valentire prop \$55  Describe the (such as fea a life estate Fee simp)  Check	of any secured the Have Claim lue of the lerty?  60,000.00  ne nature of your simple, tenate), if known.  Die	Current value of the portion you own? \$550,000.00
No. Go to Post Yes. Where 1995  1 164-03 O Street addres  Jamaica City  Queens	e is the property?  D'Donnell Road  s, if available, or other des	scription 11433-0000	What is the  Single Duple Conce Manue Inves Time Othe Who has ar Debte Debte At lea	property? Check all that apply e-family home ex or multi-unit building dominium or cooperative ufactured or mobile home strent property share r Two-family home n interest in the property? Check one or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and another mation you wish to add about this	Do not deduthe amount Creditors W  Current valentire prop \$55  Describe th (such as fe a life estate Fee simp  Check (see ins	of any secured who Have Claim lue of the lerty?  60,000.00 lue nature of your simple, tenale), if known.  Die lifthis is community in the community of the left in	Current value of the portion you own? \$550,000.00  Sour ownership interest ancy by the entireties, o
No. Go to Post Yes. Where Yes. Where Street address  Jamaica City  Queens	e is the property?  D'Donnell Road  s, if available, or other des	scription 11433-0000	What is the  Single Duple Conce Manue Inves Time Othe Who has ar Debte Debte At lea	property? Check all that apply de-family home ex or multi-unit building dominium or cooperative ufactured or mobile home stment property share Two-family home interest in the property? Check one or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and another mation you wish to add about this entification number:	Do not deduthe amount Creditors W  Current valentire prop \$55  Describe th (such as fe a life estate Fee simp  Check (see ins	of any secured who Have Claim lue of the lerty?  60,000.00 lue nature of your simple, tenale), if known.  Die lifthis is community in the community of the left in	Current value of the portion you own? \$550,000.00  Sour ownership interest ancy by the entireties, o

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

		Case number (if known)	
ctors, sport utility ve	hicles, motorcycles		
i	Who has an interest in the property? Check one		claims or exemptions. Put
Coupe 3D	Debtor 1 only		aims Secured by Property.
47 500	Debtor 2 only	Current value of the	Current value of the
47,500		entire property?	portion you own?
In Debtor's	At least one of the deptors and another		
	Check if this is community property	\$6,573.00	\$6,573.00
	(see manuchors)		
s, motors, personal wa	tercraft, fishing vessels, snowmobiles, motorcycle	accessories	
			\$6,573.00
and and Harrachald Ma		<u> </u>	•
			Current value of the
			portion you own? Do not deduct secured claims or exemptions.
furnishings			
nces, furniture, linens	, china, kitchenware		
		e/oven:	
Kitchenware; re washer/dryer; c hutch. Held for	, china, kitchenware frigerator; dishwasher; microwave; stove offee maker; toaster; dining rm. table/cha Debtor's personal use, no single item of v n value. JOINT WITH HUSBAND	irs;	\$1,300.00
Kitchenware; re washer/dryer; c hutch. Held for	frigerator; dishwasher; microwave; stove offee maker; toaster; dining rm. table/cha Debtor's personal use, no single item of v	irs;	\$1,300.00
Kitchenware; re washer/dryer; c hutch. Held for exceeds \$600 in Living rm. furniclocks; vacuum Held for Debtor	frigerator; dishwasher; microwave; stove offee maker; toaster; dining rm. table/cha Debtor's personal use, no single item of v	irs; vhich s; lamps; ishings.	\$1,300.00 \$1,000.00
Kitchenware; re washer/dryer; c hutch. Held for exceeds \$600 in Living rm. furniclocks; vacuum Held for Debtor	efrigerator; dishwasher; microwave; stove offee maker; toaster; dining rm. table/cha Debtor's personal use, no single item of v n value. JOINT WITH HUSBAND ture; beds; dressers; bureaus; nightstand i; misc. household goods, furniture & furn is personal use, no single item of which e	irs; vhich s; lamps; ishings.	
	of the portion you ow hed for Part 2. Write to sonal and Household Ite legal or equitable in	Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Check if this is community property (see instructions)  Cotor homes, ATVs and other recreational vehicles, other vehicles, as s, motors, personal watercraft, fishing vessels, snowmobiles, motorcycles  of the portion you own for all of your entries from Part 2, including a hed for Part 2. Write that number here	The potential of the portion you own for all of your entries from Part 2, including any entries for the dot for Part 2. Write that number here

Official Form 106A/B Schedule A/B: Property page 2

Official Form 106A/B Schedule A/B: Property Software Copyright (c) 1996-2018 Best Case, LLC - www.bestcase.com

Debtor 1

Best Case Bankruptcy

page 3

portion you own? Do not deduct secured

ט	edioi i Lois-Jean Cescii	ia Benjamin	Case number (if know	n)
				claims or exemptions.
16	. <b>Cash</b> Examples: Money you have i □ No	in your wallet, in your home,	in a safe deposit box, and on hand when you file your pe	·
	Yes			
	_ 100			
			Cash in Debtor's	
			possession.	\$30.00
			·	
17			s; certificates of deposit; shares in credit unions, brokerag h the same institution, list each.	e houses, and other similar
	□ No		Leaffed Conserve	
	Yes	Observation on Asset	Institution name:	
		Checking Acct. #**** **** 6489 -		
		Joint with	B. L. (A to	
	17	husband, Culver	Bank of America Brooklyn, NY	\$116.75
		.1. Benjamin	Diookiyii, iti	Ψ110.70
		Checking Acct.	Bank of America	
	17	.2. <b>#8305</b>	Brooklyn, NY	\$1,650.25
	17	Savings Acct.  3. #8318	Bank of America Brooklyn, NY	\$204.47
	17	.5. #0510	Brooklyn, 141	Ψ204.41
18	<ul> <li>Bonds, mutual funds, or pu         Examples: Bond funds, inves</li> <li>No</li> <li>Yes</li> </ul>		age firms, money market accounts	
19	. Non-publicly traded stock a joint venture  □ No	and interests in incorporat	ed and unincorporated businesses, including an inter	rest in an LLC, partnership, and
	Yes. Give specific informat	tion about them	% of ownership:	
		Our Poval Poal Estato	Investment Services, LLC	
		(a PA LLC)	·	
	-	(Total Value: \$60,000)		\$30,000.00
20	Negotiable instruments inclue Non-negotiable instruments a ■ No □ Yes. Give specific informati	de personal checks, cashier are those you cannot transfe	ole and non-negotiable instruments 's' checks, promissory notes, and money orders. er to someone by signing or delivering them.	
21	. Retirement or pension according Examples: Interests in IRA, E		b), thrift savings accounts, or other pension or profit-shari	ng plans
	Yes. List each account sepa	arately. rpe of account:	Institution name:	
		ension - NON-ESTATE ROPERTY	Employer-provided. Monthly payments upon retirement.	\$1.00

Official Form 106A/B Schedule A/B: Property page 4

De	ebtor 1	Lois-Jean Cescili	a Benjamin		Case number (if known)	
		NC	1(k) Plan - NN-ESTATE OPEPRTY	Employer-sponsored.		\$1.00
		45	7 Plan/NYCE IRA	NYCE (employer-sponsored	)	\$40,011.63
22.	Your sh Examp		sits you have made so	that you may continue service or use fro public utilities (electric, gas, water), telect		s, or others
	■ No □ Yes			Institution name or individual:		
23.	Annuiti	ies (A contract for a pe	riodic payment of mone	ey to you, either for life or for a number of	years)	
	■ No □ Yes	lssuer n	ame and description.			
24.	26 U.S.C	s in an education IRA C. §§ 530(b)(1), 529A(b		ualified ABLE program, or under a qua	llified state tuition progr	am.
	■ No □ Yes	Institutio	n name and description	n. Separately file the records of any intere	ests.11 U.S.C. § 521(c):	
25.	Trusts,	equitable or future in	terests in property (o	ther than anything listed in line 1), and	I rights or powers exerc	isable for your benefit
	■ No □ Yes.	Give specific informati	on about them			
	Examp ■ No	ples: Internet domain na	ames, websites, proceed	nd other intellectual property ds from royalties and licensing agreemen	ots	
		Give specific informati	on about them her general intangible	ne.		
	Examp ■ No	oles: Building permits, e	exclusive licenses, coop	erative association holdings, liquor licens	ses, professional licenses	
		Give specific informati				
M	oney or p	property owed to you	?			Current value of the portion you own?  Do not deduct secured claims or exemptions.
28.	□ No	unds owed to you	on about them, including	g whether you already filed the returns an	nd the tay years	
	<b>—</b> 163. (	Give specific information	in about them, including	y whether you already flied the returns an	id the tax years	
			JÓIN	ed 2018 Income Tax Refund T WITH HUSBAND Refund \$10,719/2	Federal	\$5,359.50
29.	■ No	oles: Past due or lump s		upport, child support, maintenance, divor	ce settlement, property se	ettlement
	☐ Yes. (	Give specific information	on			
30.	Examp _			ents, disability benefits, sick pay, vacation one else	n pay, workers' compens	ation, Social Security
	■ No □ Yes.	Give specific informati	on			

Official Form 106A/B Schedule A/B: Property page 5

D	ebtor 1 Lois-Jean Ceso	cilia Benjamin	Case number (if known)	
31.	. Interests in insurance pol Examples: Health, disabilit □ No	licies y, or life insurance; health savings account (HSA); o	credit, homeowner's, or renter's insura	nce
	_	e company of each policy and list its value.  Company name:	Beneficiary:	Surrender or refund value:
		Employer-sponsored Term Life Insurance Policy - NO CASH VALUE	Culver Benjamin (husband)	\$1.00
		National Benefits Life Insurance Co. (employer-sponsored) - Term Life Insurance Policy - NO CASH VALUE	Culver Benjamin (husband)	\$1.00
32.		hat is due you from someone who has died of a living trust, expect proceeds from a life insurance onation	e policy, or are currently entitled to rec	eive property because
33.		es, whether or not you have filed a lawsuit or ma loyment disputes, insurance claims, or rights to sue n		
34.	. Other contingent and unli  No  Ves. Describe each clair	iquidated claims of every nature, including coun	terclaims of the debtor and rights to	set off claims
35.	. Any financial assets you a  ■ No □ Yes. Give specific inform	did not already list		
36		all of your entries from Part 4, including any entr		\$77,376.60
Pa	art 5: Describe Any Business-	Related Property You Own or Have an Interest In. List a	any real estate in Part 1.	
	Do you own or have any legal  No. Go to Part 6.  Yes. Go to line 38.	or equitable interest in any business-related property	?	
Pa		Commercial Fishing-Related Property You Own or Haverstin farmland, list it in Part 1.	ve an Interest In.	
46	. Do you own or have any I ■ No. Go to Part 7. □ Yes. Go to line 47.	egal or equitable interest in any farm- or comme	ercial fishing-related property?	
Pa	Describe All Proper	rty You Own or Have an Interest in That You Did Not Lis	st Above	
53.	Examples: Season tickets,  No	, ,		
	☐ Yes. Give specific inform			
54	<ol> <li>Add the dollar value of a</li> </ol>	all of your entries from Part 7. Write that number	here	\$0.00

Official Form 106A/B
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page 6
Best Case Bankruptcy

Schedule A/B: Property

Fill in this information to identify your case:						
Lois-Jean Cescili	a Benjamin					
First Name	Middle Name	Last Name				
First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		PENNSYLVANIA				
			☐ Check if this is an amended filing			
	Lois-Jean Cescili First Name	Lois-Jean Cescilia Benjamin  First Name Middle Name  First Name Middle Name	Lois-Jean Cescilia Benjamin  First Name Middle Name Last Name  First Name Middle Name Last Name	Lois-Jean Cescilia Benjamin  First Name Middle Name Last Name  First Name Middle Name Last Name  cruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA		

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.									
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)									
	■ You are claiming federal exemptions. 11 l	J.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.									
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption						
		Copy the value from Schedule A/B	Che							
	164-03 O'Donnell Road Jamaica, NY 11433 Queens County	\$550,000.00		\$23,675.00	11 U.S.C. § 522(d)(1)					
	Rental Property Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit						
	2012 Hyundai Veloster Coupe 3D 47.500 miles	\$6,573.00		\$3,775.00	11 U.S.C. § 522(d)(2)					
	Good condition. In Debtor's possession. Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit						
	2012 Hyundai Veloster Coupe 3D 47,500 miles	\$6,573.00		\$2,563.73	11 U.S.C. § 522(d)(5)					
	Good condition. In Debtor's possession. Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit						
	Kitchenware; refrigerator; dishwasher; microwave; stove/oven;	\$1,300.00		\$1,300.00	11 U.S.C. § 522(d)(3)					
	washer/dryer; coffee maker; toaster; dining rm. table/chairs; hutch. Held for Debtor's personal use, no single item of which exceeds \$600 in value. JOINT WITH HUSBAND Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit						

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 3

Brief description of the property and line on	Current value of the	Amo	ount of the exemption you claim	Specific laws that allow exemption	
Schedule A/B that lists this property	portion you own Copy the value from	Check only one box for each exemption.			
	Schedule A/B			44 11 0 0 0 5004 1940	
Living rm. furniture; beds; dressers; bureaus; nightstands; lamps; clocks;	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)	
vacuum; misc. household goods, furniture & furnishings. Held for Debtor's personal use, no single item of which exceeds \$600 in value.  JOINT WITH HUSBAND Line from Schedule A/B: 6.2			100% of fair market value, up to any applicable statutory limit		
Bedding; linens; music; movies;	\$600.00		\$600.00	11 U.S.C. § 522(d)(3)	
lawn and garden equipment; misc, tools; groceries; cleaning supplies. Held for Debtor's personal use, no single item of which exceeds \$600 in value. JOINT WITH HUSBAND Line from Schedule A/B: 6.3			100% of fair market value, up to any applicable statutory limit		
TVs; 3 computers; 2 tablets; cell phone. Held for Debtor's personal	\$550.00	•	\$550.00	11 U.S.C. § 522(d)(3)	
use, no single item of which exceeds \$600 in value. JOINT WITH HUSBAND Line from <i>Schedule A/B</i> : <b>7.1</b>			100% of fair market value, up to any applicable statutory limit		
Book; pictures. In Debtor's possession.	\$100.00		\$100.00	11 U.S.C. § 522(d)(3)	
Line from Schedule A/B: 8.1			100% of fair market value, up to any applicable statutory limit		
Exercise bicycle; weights; elliptical. In Debtor's possession. JOINT WITH	\$700.00		\$700.00	11 U.S.C. § 522(d)(3)	
HUSBAND Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit		
Clothing in Debtor's possession.	\$600.00		\$600.00	11 U.S.C. § 522(d)(3)	
			100% of fair market value, up to any applicable statutory limit		
Jewelry: wedding band; engagement ring; necklaces; earrings; misc. gold	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(4)	
& costume jewelry. In Debtor's possession. Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit		
Cash in Debtor's possession. Line from Schedule A/B: 16.1	\$30.00		\$30.00	11 U.S.C. § 522(d)(5)	
Line HOIII S <i>criedule A/B</i> : 10.1			100% of fair market value, up to any applicable statutory limit		
Checking Acct. #**** **** 6489 - Joint	\$116.75		\$116.75	11 U.S.C. § 522(d)(5)	
with husband, Culver Benjamin: Bank of America Brooklyn, NY			100% of fair market value, up to any applicable statutory limit		

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 2 of 3

De	btor 1 Lois-Jean Cescilia Benjamin			Case number (if known)	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Checking Acct. #8305: Bank of America	\$1,650.25		\$1,650.25	11 U.S.C. § 522(d)(5)
	Brooklyn, NY			100% of fair market value, up to	
	Line from Schedule A/B: 17.2			any applicable statutory limit	
	Savings Acct. #8318: Bank of America	\$204.47		\$204.47	11 U.S.C. § 522(d)(5)
	Brooklyn, NY			100% of fair market value, up to	
	Line from Schedule A/B: 17.3			any applicable statutory limit	
	Our Royal Real Estate Investment Services, LLC (a PA LLC)	\$30,000.00		\$0.00	11 U.S.C. § 522(d)(5)
	(Total Value: \$60,000)			100% of fair market value, up to	
	50%			any applicable statutory limit	
	Line from Schedule A/B: 19.1				
	Pension - NON-ESTATE PROPERTY: Employer-provided. Monthly	\$1.00		\$1.00	11 U.S.C. § 522(d)(10)(E)
	payments upon retirement.			100% of fair market value, up to	
	Line from Schedule A/B: 21.1			any applicable statutory limit	
	401(k) Plan - NON-ESTATE PROPEPRTY: Employer-sponsored.	\$1.00		\$1.00	11 U.S.C. § 522(d)(10)(E)
	Line from Schedule A/B: 21.2			100% of fair market value, up to any applicable statutory limit	
				, , ,	
	457 Plan/NYCE IRA: NYCE	\$40,011.63		\$40,011.63	11 U.S.C. § 522(d)(12)
	(employer-sponsored) Line from Schedule A/B: 21.3			100% of fair market value, up to any applicable statutory limit	
	Federal: Anticipated 2018 Income	\$5,359.50		\$0.00	11 U.S.C. § 522(d)(5)
	Tax Refund JOINT WITH HUSBAND	<u> </u>		1000/ of fair market value up to	
	2017 Refund \$10,719/2		_	100% of fair market value, up to any applicable statutory limit	
	Line from Schedule A/B: 28.1				
	Employer-sponsored Term Life Insurance Policy - NO CASH VALUE	\$1.00		\$1.00	11 U.S.C. § 522(d)(7)
	Beneficiary: Culver Benjamin			100% of fair market value, up to	
	(husband)			any applicable statutory limit	
	Line from Schedule A/B: 31.1				
	National Benefits Life Insurance Co. (employer-sponsored) - Term Life	\$1.00		\$1.00	11 U.S.C. § 522(d)(5)
	Insurance Policy - NO CASH VALUE			100% of fair market value, up to	
	Beneficiary: Culver Benjamin (husband)			any applicable statutory limit	
	Line from Schedule A/B: 31.2				
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  No			led on or after the date of adjustmer	nt.)
		ad by the avamatica	ithin 1	215 days hofore you filed this sees	
	Yes. Did you acquire the property cover	eu by the exemption Wi	unii 1	,215 days before you filed this case	•
	☐ Yes				
	<b>_</b> . • • •				

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 3 of 3

Fill in this informa	tion to identify you	ur case:			
Debtor 1	Lois-Jean Cesc			_	
Debtor 2	First Name	Middle Name Last Name			
(Spouse if, filing)	First Name	Middle Name Last Name		-	
United States Bank	ruptcy Court for the	: MIDDLE DISTRICT OF PENNSYLVANIA		_	
Case number					
(if known)				☐ Check	if this is an
				amend	ded filing
Official Form	106D				
		Mha Haya Claima Saayna	d by Dranart		4044
Schedule L	o: Creditors	Who Have Claims Secure	a by Propert	. <u>y</u>	12/15
		If two married people are filing together, both are e out, number the entries, and attach it to this form. O			
• •	ave claims secured by	y your property?			
☐ No. Check the	his box and submit t	his form to the court with your other schedules.	You have nothing else	to report on this form.	
■ Yes. Fill in a	Ill of the information	below.	•	•	
	Secured Claims	zolow.			
		more than one secured claim, list the creditor separatel	Column A	Column B	Column C
for each claim. If more	e than one creditor has	s a particular claim, list the other creditors in Part 2. As ical order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Ally Financ	ial	Describe the property that secures the claim:	\$234.27	\$6,573.00	\$0.00
Creditor's Name		2012 Hyundai Veloster			
PO Box 380	1901	As of the date you file, the claim is: Check all that			
	on, MN 55438	apply. □ Contingent			
Number, Street, C	ity, State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who owes the debt	t? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or secar loan)	ecured		
Debtor 2 only		_			
☐ Debtor 1 and Debt☐ At least one of the		☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
☐ Check if this clair		Other (including a right to offset)  Automobi	le Loan		
community debt		— Other (including a right to onset)			
	March 22,				
Date debt was incurr		Last 4 digits of account number 0774			
	Loan Services	Describe the property that secures the claim:	\$401,020.30	\$550,000.00	\$0.00
Creditor's Name  Attn: Corre	enondence	Rental Property: 164-03 O'Donnell			
Unit	Spondence	Road, Jamaica, Queens County, NY			
PO Box 514	1387	As of the date you file, the claim is: Check all that			
Los Angele		apply. □ Contingent			
90051-4387 Number Street C	ity, State & Zip Code	☐ Unliquidated			
rambon, caroon, c	,, ctato a 2.p coac	☐ Disputed			
Who owes the debt	? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only		An agreement you made (such as mortgage or se	ecured		
Debtor 2 only		car loan)			
Debtor 1 and Debt	•	Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the☐ Check if this clair		☐ Judgment lien from a lawsuit	nane		
community debt		Other (including a right to offset)	yaye		

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debtor 1	First Name	Cescilia Benjamin Middle Name	Last Name		Case number (if know)	
Date debt	was incurred	April 27, 2016	Last 4 digits of account number	0966		
A -1 -1 41	deller velve et	iveva estrice in Column	A on this page. Write that number h		\$401.254.	<b></b> 7

\$401,254.57

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

Fill i	n this inform	ation to identify your	case:					
Debt		Lois-Jean Cescili						
		First Name	Middle Name	. La	st Name			
Debt								
(Spou	se if, filing)	First Name	Middle Name	e La	st Name			
Unite	ed States Ban	kruptcy Court for the:	MIDDLE DISTR	RICT OF PENNSYL	VANIA			
Case	e number							
(if kno								Check if this is an
							a	mended filing
Off;	cial Earm	106E/E						
	cial Form		be Heve H	nocoured Cl	oimo			40/4E
		F: Creditors W				Part 2 for creditors with NOI		12/15
	and case num		•	·	in a Part,	do not file that Part. On the	op of any addi	tional pages, write your
		s have priority unsecure	d claims against y	ou?				
_	■ No. Go to Pa							
Г	☐ Yes.							
Part		of Your NONPRIORIT	Y Unsecured CI	aims				
4. L	Yes.  List all of your insecured claim	, list the creditor separately	aims in the alphab ofor each claim. Fo	petical order of the cre r each claim listed, ider	editor who	o holds each claim. If a credi type of claim it is. Do not list cl three nonpriority unsecured o	aims already ind	cluded in Part 1. If more
•	art Z.							Total claim
4.1	America	n Express Head Off	ice La	st 4 digits of account	number	8403		\$5,547.17
		Creditor's Name	100 20	or 4 digito of docoding		0400		Ψο,οΨί.τι
		nancial Center	WI	hen was the debt incu	ırred?	October 2017		_
	200 Vese	ey Street k, NY 10285						
		eet City State Zlp Code	As	of the date you file, t	he claim	is: Check all that apply		
	Who incur	red the debt? Check one.						
	Debtor 1	lonly		Contingent				
	Debtor 2	2 only		Unliquidated				
	Debtor 1	I and Debtor 2 only		Disputed				
	☐ At least	one of the debtors and and	other Ty	pe of NONPRIORITY	unsecure	d claim:		
	☐ Check i	f this claim is for a com	nunity	Student loans				
	debt	n subject to offset?		Obligations arising out port as priority claims	t of a sepa	aration agreement or divorce to	nat you did not	
	■ No				rofit-sharir	ng plans, and other similar deb	ts	
	140					purchases - gasoline		
	☐ Yes					misc. household expe		

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 9

1 Lois-Jean Cescilia Benjamin		Case number (if know)	
American Express Head Office	Last 4 digits of account number	7833	\$2,374.9°
Nonpriority Creditor's Name World Financial Center 200 Vesey Street	When was the debt incurred?	October 2017	
New York, NY 10285  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Credit card groceries;	purchases - gasoline; misc. household expenses;	
Barclays Bank	Last 4 digits of account number	1881	\$5,176.0
Nonpriority Creditor's Name PO Box 8803 Wilmington, DE 19899	When was the debt incurred?	October 2017	
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	,	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify groceries;	purchases - gasoline; misc. household expenses;	
Barclays Bank	Last 4 digits of account number	5407	\$4,230.0
Nonpriority Creditor's Name PO Box 8803 Wilmington, DE 19899	When was the debt incurred?	October 2017	
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify <b>Credit card groceries:</b>	purchases - gasoline; misc. household expenses;	

Schedule E/F: Creditors Who Have Unsecured Claims

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Debt	Lois-Jean Cescilia Benjamin		Case number (if know)				
4.5	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	6836	\$2,919.00			
	PO Box 30285 Salt Lake City, UT 84130-0285	When was the debt incurred?	October 2017				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharir					
	Yes	■ Other. Specify <b>Credit card groceries</b> ;					
4.6	Capital One	Last 4 digits of account number	9760	\$1,824.00			
	Nonpriority Creditor's Name PO Box 30285	When was the debt incurred?	October 2017				
	Salt Lake City, UT 84130-0285	mich was the assembarea.	October 2017				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	_					
	Debtor 1 only	Contingent					
	Debtor 2 only	Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed	☐ Disputed  Type of NONPRIORITY unsecured claim:				
	At least one of the debtors and another	Student loans					
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims					
	No	Debts to pension or profit-sharir					
	☐ Yes	Credit card groceries;					
4.7	Capital One	Last 4 digits of account number	0203	\$2,675.00			
	Nonpriority Creditor's Name PO Box 30285	When was the debt incurred?	October 2017				
	Salt Lake City, UT 84130-0285  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	□ Yes	Credit card	purchases - gasoline;				

Schedule E/F: Creditors Who Have Unsecured Claims

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Debt	Lois-Jean Cescilia Benjamin		Case number (if know)	
4.8	Chase Bank Nonpriority Creditor's Name	Last 4 digits of account number	3299	\$646.69
	PO Box 15298	When was the debt incurred?	October 2017	
	Wilmington, DE 19850  Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	•		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	■ Other. Specify groceries; I	purchases - gasoline; nisc. household expenses;	
4.9	Citi Cards/CBNA Nonpriority Creditor's Name	Last 4 digits of account number	6265	\$10,169.00
	PO Box 6241	When was the debt incurred?	October 2017	
	Sioux Falls, SD 57117-6241			
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Cneck all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Credit card  Other Specify groceries:	purchases - gasoline; nisc. household expenses;	
		<u></u>	——————————————————————————————————————	
4.1 0	Comenity Bank Nonpriority Creditor's Name	Last 4 digits of account number	5815	\$1,909.90
	Bankruptcy Dept PO Box 182125	When was the debt incurred?	January 2018	
	Columbus, OH 43218-2125			
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	l alaim.	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured  ☐ Student loans	i Giaini:	
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	No	report as priority claims  Debts to pension or profit-sharin	n plans, and other similar debts	
			•	
	Yes	■ Other. Specify Credit Card	(Victoria's Secret) - Clothing.	

Schedule E/F: Creditors Who Have Unsecured Claims

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Debt	Lois-Jean Cescilia Benjamin		Case number (if know)	
4.1 1	Dept of Ed/Navient	Last 4 digits of account number	0130	\$19,303.00
	Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773	When was the debt incurred?	March 21, 2013	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	■ Student loans □ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify  Student Lo	an	
4.1				
2	Discover	Last 4 digits of account number	5788	\$6,971.92
	Nonpriority Creditor's Name PO Box 30943 Salt Lake City, UT 84130	When was the debt incurred?	October 2017	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset? —	report as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing		
	Yes	■ Other Specify groceries;	purchases - gasoline; misc. household expenses;	
l.1	First Premier Bank	Last 4 digits of account number	3493	\$744.00
	Nonpriority Creditor's Name 3820 N Louise Ave Sioux Falls, SD 57107-0145	When was the debt incurred?	October 2017	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset? —	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify <b>Credit card groceries</b> ;	purchases - gasoline; misc. household expenses;	

Schedule E/F: Creditors Who Have Unsecured Claims

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Lending Club Corp	Last 4 digits of account number	2420	\$36,266.0
Nonpriority Creditor's Name 71 Stevenson St Suite 300	When was the debt incurred?	March 2017	
San Francisco, CA 94105			
Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Personal Lo	oan - used to renovate property use	
Prosper Marketplace Inc	Last 4 digits of account number	4906	\$15,995.6
Nonpriority Creditor's Name 101 2nd Street FI 15	When was the debt incurred?	2016	
San Francisco, CA 94105  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	Contingent		
	Contingent		
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated		
At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured	d claim:	
_	☐ Student loans	<del> </del>	
☐ Check if this claim is for a community debt	_	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	and the distriction of the state of the stat	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Personal L	oan	
Synchrony Bank	Last 4 digits of account number	9433	\$149.0
Nonpriority Creditor's Name	_	<del></del>	
Attn Bankruptcy Dept PO Box 965060	When was the debt incurred?	October 2017	
Orlando, FL 32896-5060  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
	☐ Uniiquidated ☐ Disputed		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
_	Student loans	<del></del>	
☐ Check if this claim is for a community debt	_	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	action agreement of divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Credit Care	d (Old Navy) - Clothing.	

Schedule E/F: Creditors Who Have Unsecured Claims

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Debt	or 1 Lois-Jean Cescilia Benjamin		Case number (if know)				
4.1 7	THD/CBNA	Last 4 digits of account number	6265	\$6,109.55			
	Nonpriority Creditor's Name PO Box 6497	When was the debt incurred?	October 2017				
	Sioux Falls, SD 57117  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	No	Debts to pension or profit-sharing	or plans, and other similar debts				
	■ No		purchases - home improvement				
4.1	WebBank/DFS	Last 4 digits of account number	2769	\$4,042.00			
	Nonpriority Creditor's Name PO Box 81607 Austin, TX 78708	When was the debt incurred?	December 2017				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	☐ Check if this claim is for a community debt						
	Is the claim subject to offset?						
	■ No	☐ Debts to pension or profit-sharing					
	Yes	Other. Specify Credit Card	i - Laptop.				
4.1	Wells Fargo Credit Services	Last 4 digits of account number	4670	\$2,249.00			
	Nonpriority Creditor's Name PO Box 14517 Des Moines, IA 50306	When was the debt incurred?	October 2017				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	☐ Yes	Credit card	purchases - gasoline; misc. household expenses;				

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Lois-Jean Cescilia Benjamin		Case n	umber	(if know)
Name and Address Alltran Financial PO Box 610	On which entry in Part 1 or Part 2 c Line <b>4.17</b> of ( <i>Check one</i> ):	☐ Part 1: 0	Creditors	s with Priority Unsecured Claims
Sauk Rapids, MN 56379				s with Nonpriority Unsecured Claims
	Last 4 digits of account number	54	39	
Name and Address	On which entry in Part 1 or Part 2 c			
American Express Legal	Line 4.1 of (Check one):			s with Priority Unsecured Claims
PO Box 278 Ramsey, NJ 07446-0278		Part 2: 0	Creditors	s with Nonpriority Unsecured Claims
	Last 4 digits of account number	10	02	
Name and Address	On which entry in Part 1 or Part 2 or			
Capital Management Svcs	Line 4.12 of (Check one):	☐ Part 1: 0	Creditors	s with Priority Unsecured Claims
698 1/2 S Ogden Steet Buffalo, NY 14206-2317		Part 2: 0	Creditors	s with Nonpriority Unsecured Claims
Bullalo, N1 14200-2317	Last 4 digits of account number	52	02	
Name and Address	On which entry in Part 1 or Part 2 c	id you list the or	iginal cr	reditor?
Central Portfolio Control Inc	Line 4.15 of (Check one):	☐ Part 1: 0	Creditors	s with Priority Unsecured Claims
10249 Yellow Circle Dr Ste 200 Minnetonka, MN 55343		Part 2: 0	Creditors	s with Nonpriority Unsecured Claims
	Last 4 digits of account number	49	06	
Name and Address	On which entry in Part 1 or Part 2 or			
Firstsource Advantage	Line 4.2 of (Check one):	☐ Part 1: 0	Creditors	s with Priority Unsecured Claims
205 Bryant Woods South Amherst, NY 14228		Part 2: 0	Creditors	s with Nonpriority Unsecured Claims
	Last 4 digits of account number	94	74	
Name and Address	On which entry in Part 1 or Part 2 or			
Midland Credit Mgt 2365 Northside Drive	Line <b>4.17</b> of ( <i>Check one</i> ):			s with Priority Unsecured Claims
Suite 300		■ Part 2: 0	Creditors	s with Nonpriority Unsecured Claims
San Diego, CA 92108				
	Last 4 digits of account number	01	92	
Name and Address	On which entry in Part 1 or Part 2 or			
Nationwide Credit Inc PO Box 14581	Line 4.1 of (Check one):			s with Priority Unsecured Claims
Des Moines, IA 50306-3581		Part 2: 0	Creditors	s with Nonpriority Unsecured Claims
·	Last 4 digits of account number	42	22	
Name and Address	On which entry in Part 1 or Part 2 c	id you list the or	iginal cr	reditor?
Phillips & Cohen Assoc	Line 4.3 of (Check one):			s with Priority Unsecured Claims
1002 Justison Street Wilmington, DE 19801		Part 2: 0	Creditors	s with Nonpriority Unsecured Claims
······································	Last 4 digits of account number	14	40	
Name and Address	On which entry in Part 1 or Part 2 c	,	•	
Viking Client Services	Line 4.14 of (Check one):			s with Priority Unsecured Claims
PO Box 59207 Minneapolis, MN 55459-0207		Part 2: 0	Creditors	s with Nonpriority Unsecured Claims
,	Last 4 digits of account number	32	95	
Part 4: Add the Amounts for Each Type of	of Unsecured Claim			
6. Total the amounts of certain types of unsecured		tical reporting	purpos	es only. 28 U.S.C. §159. Add the amounts for each
type of unsecured claim.				Total Claim
6a. Domestic support obliga	itions	6a.	\$	0.00
Total			·	
claims from Part 1 6b. Taxes and certain other	debts you owe the government	6b.	\$	0.00

Schedule E/F: Creditors Who Have Unsecured Claims

6c. Claims for death or personal injury while you were intoxicated

6d. Other. Add all other priority unsecured claims. Write that amount here.

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6c.

### Debtor 1 Lois-Jean Cescilia Benjamin

Case number (if know)

	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
Total	6f.	Student loans	6f.	\$	Total Claim 19,303.00
claims from Part 2	6g. 6h. 6i.	you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts		\$  \$	0.00 0.00 109,998.76
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	129,301.76

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Schedule E/F: Creditors Who Have Unsecured Claims

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Fill in this inform	nation to identify your	case:			
Debtor 1	Lois-Jean Cescili	a Benjamin			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA		
Case number _					
(if known)				☐ Check if this is an	
				amended filing	

## Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Number	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.3	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.4	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	<del></del>
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<del>_</del>

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

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Desc

Fill in this	information to identify your	case:			
Debtor 1	Lois-Jean Cescil	a Benjamin			
Dobtor 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Sta	ites Bankruptcy Court for the:	MIDDLE DISTRICT O	F PENNSYLVANIA		
Case num (if known)	ber				☐ Check if this is an amended filing
Officia	l Form 106H				
	lule H: Your Cod	ebtors			12/15
your name	and number the entries in the and case number (if known) you have any codebtors? (If	. Answer every questio	n.		of any Additional Pages, write
■ No	S				
Arizon  No. Yes  3. In Col		, Nevada, New Mexico, È use, or legal equivalent li	verto Rico, Texas, Washir ve with you at the time?	ngton, and Wisconsin.)	states and territories include with you. List the person shown a creditor on Schedule D (Official
Form					chedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cred Check all schedules	litor to whom you owe the debt sthat apply:
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, lin☐ Schedule G, line	
	Number Street City	State	ZIP Code	-	
3.2				Schedule D, line	
	Name			☐ Schedule E/F, lin☐ Schedule G, line	
	Number Street City	State	ZIP Code	-	

Case 5:18-bk-02532-MJC

Schedule H: Your Codebtors

Fill	in this information to identify you	ır case:							
		n Cescilia Benjamin							
	otor 2 ouse, if filing)				_				
Uni	ted States Bankruptcy Court for	the: MIDDLE DISTRICT C	F PENNSYLVANIA		_				
	se number nown)		-				ed filing ent showing p		chapter
O	fficial Form 106I						as of the follo	wing date:	
	chedule I: Your In	come				MM / DD/ Y	Y Y Y Y		12/15
sup spo atta	as complete and accurate as p plying correct information. If y use. If you are separated and y ch a separate sheet to this for t1: Describe Employme	ou are married and not fili your spouse is not filing w m. On the top of any additi	ng jointly, and your ith you, do not inclu	spouse i ide inforr	s living w nation ab	ith you, incl out your spo	ude informat ouse. If more	tion about space is i	your needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	2 or non-filin	g spouse	
	If you have more than one job, attach a separate page with information about additional	Formal and a status	■ Employed			☐ Empl	☐ Employed		
		Employment status	☐ Not employed			■ Not employed			
	employers.  Include part-time, seasonal, or	Occupation	Supervising Co Tec	mputer	Service	Not Em	ployed		
	self-employed work.	Employer's name	City of New Yo	rk					
	Occupation may include stude or homemaker, if it applies.	Employer's address							
			Brooklyn, NY						
		How long employed t	here? 20 Yea	rs					
Par	Give Details About	Monthly Income							
	mate monthly income as of the use unless you are separated.	e date you file this form. If	you have nothing to	report for	any line, w	rite \$0 in the	space. Includ	de your nor	n-filing
	u or your non-filing spouse have e space, attach a separate shee		ombine the information	on for all e	employers	for that perso	on the lines	s below. If y	ou need
					For I	Debtor 1	For Debto		
2.	List monthly gross wages, s deductions). If not paid month			2.	\$	6,860.38	\$	0.00	
3.	Estimate and list monthly ov	ertime pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross Income. Ad	d line 2 + line 3.		4.	\$6	,860.38	\$	0.00	

Official Form 106I Schedule I: Your Income page 1

				Foi	Debtor 1		r Debtor 2 or n-filing spouse
	Copy	y line 4 here	4.	\$	6,860.38	\$	0.00
5.	List	all payroll deductions:				_	
0.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,840.01	\$	0.00
	5b.	Mandatory contributions for retirement plans	5b.	\$_	121.59	\$	0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	0.00
	5d.	Required repayments of retirement fund loans	5d.	\$_	980.85	\$	0.00
	5e.	Insurance	5e.	\$	13.85	\$	0.00
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00
	5g.	Union dues	5g.	\$	52.07	\$	0.00
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	0.00
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	3,008.37	\$	0.00
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,852.01	\$_	0.00
8.	List a	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	181.59	\$	0.00
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00
	8e.	Social Security	8e.	\$	0.00	\$	0.00
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	0.00
	8g.	Pension or retirement income	 8g.	\$	0.00	\$	0.00
	8h.	1/12 2017 Income Tax Refund Other monthly income. Specify: (\$10719/12)	8h.+	\$	893.25	<b>-</b> \$	0.00
0	A .1 .1	<del>`</del>	_	Φ_	4.074.04	ф —	0.00
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,074.84	\$_	0.00
10.		tulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		4,926.85 + \$_		0.00 = \$ 4,926.85
11.	Inclu- other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your rifiends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not cify:	depend			•	
12.		the amount in the last column of line 10 to the amount in line 11. The reset hat amount on the Summary of Schedules and Statistical Summary of Certaines					9. 12. \$ <b>4,926.85</b>
							Combined monthly income
13.	Do y ■	ou expect an increase or decrease within the year after you file this form No.	?				monthly income
		Yes. Explain: Debtor's husband is studying for his realtor's lic	ense.				

Official Form 106I Schedule I: Your Income page 2

						1		
	in this informat	tion to identify yo	ur case:					
Deb	otor 1	Lois-Jean Ce	escilia Bo	enjamin		Ch	eck if this is:	
Dob	otor 2						An amended filin	g lowing postpetition chapter
	ouse, if filing)							of the following date:
Unit	ted States Bankr	uptcy Court for the:	: MIDDL	E DISTRICT OF PENNS	SYLVANIA		MM / DD / YYYY	<del>,</del>
Coo	se numbeľ							
	nown)							
O.	fficial Fo	rm 106J						
		J: Your I	Evnor	1606				12/15
Be info nur	as complete a ormation. If me mber (if know	and accurate as ore space is ne n). Answer ever	possible eded, atta ry questio	. If two married people ich another sheet to th				for supplying correct
Par 1.	t 1: Descri	ibe Your House	hold					
	■ No. Go to	line 2.	in a senar	ate household?				
	□ 100. <b>D00</b> .		ii a sepai	ate nousenoid.				
	=	-	st file Offici	ial Form 106J-2, <i>Expens</i>	es for Separate House	ehold of De	ebtor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list De Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents i	names.			Son		15	■ Yes
								□ No
								_ □ Yes □ No
								☐ Yes
								_ □ No
								□ Yes
3.	expenses of	enses include f people other th d your depender	han $_{m \Box}$	No Yes				
Est exp app	timate your ex penses as of a plicable date.	date after the b	our bankro bankruptc	uptcy filing date unless y is filed. If this is a su	pplemental <i>Schedule</i>	orm as a s	supplement in a C the box at the top	hapter 13 case to report of the form and fill in the
the		n assistance and		government assistance cluded it on <i>Schedule I</i>			Your ex	rpenses
4.		r home owners		ses for your residence or lot.	. Include first mortgag	e 4.	\$	1,610.94
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
		rty, homeowner's	s, or renter	's insurance		4b.		0.00
			•	upkeep expenses		4c.		0.00
5.		owner's associati			homo oquity loons	4d. 5.	·	0.00
J.	Auditional II	ioriyay <del>e</del> payille	ziilo iui yi	<b>our residence,</b> such as l	nome equity loans	ິວ.	Ψ	0.00

Official Form 106J Schedule J: Your Expenses page 1

Debtor 2 (Spouse if, filling)  United States Bankruptcy  Case number (if known)  Official Form 106E  Declaration  f two married people are (ou must file this form whobtaining money or proper years, or both. 18 U.S.C. §	me Middle l Court for the: MIDDLE D	Name  Name  LISTRICT OF PENNSYI  VIDUAL Deby  qually responsible for amen by schedules or amen with a bankruptcy ca	tor's Sch	ct information	statement,	0.	iling 12/15 operty, or
Debtor 2 (Spouse if, filing)  United States Bankruptcy  Case number (If known)  Official Form 106E  Declaration  If two married people are You must file this form whobtaining money or properears, or both. 18 U.S.C. Sign Below	Dec Middle Individual	Name  Name  LISTRICT OF PENNSYI  VIDUAL Deby  qually responsible for amen by schedules or amen with a bankruptcy ca	Last Name  LIVANIA  LIVANIA  LIVANIA  LIVANIA  LIVANIA	ct information	statement,	amended f	iling 12/15 operty, or
United States Bankruptcy Case number If known)  Official Form 106E  Declaration If two married people are You must file this form which bears, or both. 18 U.S.C. Sign Below	Dec About an Indificulty filing together, both are entered by fraud in connection	VICUAL Debi	tor's Sch	ct information	statement,	amended f	iling 12/15 operty, or
Declaration / two married people are four must file this form with btaining money or properars, or both. 18 U.S.C. §	Dec About an Indi filing together, both are educated to the property of the bankruptoerty by fraud in connection	vidual Debo	tor's Sch	ct information	statement,	amended f	iling 12/15 operty, or
Official Form 106E Declaration  two married people are four must file this form white the standing money or properties, or both. 18 U.S.C. §	filing together, both are enterprise to be provided to the control of the control	qually responsible for cy schedules or amen n with a bankruptcy ca	r supplying corre	ct information	statement,	amended f	iling 12/15 operty, or
two married people are ou must file this form who betaining money or properars, or both. 18 U.S.C. §	filing together, both are enterprise to be provided to the control of the control	qually responsible for cy schedules or amen n with a bankruptcy ca	r supplying corre	ct information	statement,	0.	operty, or
ou must file this form who btaining money or properties, or both. 18 U.S.C. §	nenever you file bankrupto	cy schedules or amen n with a bankruptcy ca	nded schedules. N	Making a false	statement,	0.	
	e to pay someone who is !	NOT an attorney to he	elp you fill out ba	nkruptcy form	s?		
■ No							
Yes. Name of p	erson					Petition Prepar ignature (Officia	
Under penalty of per	jury, I declare that I have r I correct.	ead the summary and	d schedules filed	with this decla	aration and		
X /s/ Lois-Jean C	escilia Benjamin	2	x				
Lois-Jean Ces Signature of Debt	cilia Benjamin		Signature of D	ebtor 2			
Date June 6, 2							

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

Fill in this	information to identify you	r case:			
Debtor 1	Lois-Jean Cesci	lia Benjamin			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Sta	ites Bankruptcy Court for the:	MIDDLE DISTRICT OF P	ENNSYLVANIA		
Case num (if known)	ber				theck if this is an mended filing
Statem Be as com information		ible. If two married people a attach a separate sheet to	are filing together, both are	eankruptcy equally responsible for sup y additional pages, write you	
Part 1:	Give Details About Your Ma	arital Status and Where You	Lived Before		
1. What	is your current marital statu	ıs?			
_	Married Not married				
2. During	g the last 3 years, have you	lived anywhere other than	where you live now?		
_	No Yes. List all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>ı</i> .	
Debte	or 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
				ity property state or territory	
Y	No 'es. Make sure you fill out Scl	· ·	fficial Form 106H).		
Part 2	Explain the Sources of You	r Income			
Fill in t	ou have any income from en the total amount of income yo are filing a joint case and you	u received from all jobs and a	all businesses, including part		ndar years?
_	No 'es. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	uary 1 of current year until ou filed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$34,301.88	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

<b>.</b>	Are either	Debtor 1	l's or	Debtor	2's debts	nrimarily	consumer	debts?

□ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

exclusions)

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

□ No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

(before deductions and

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

and exclusions)

Statement of Financial Affairs for Individuals Filing for Bankruptcy

itor, including a bank or financial institution, set off any debt?	amounts from your					
	amounts from your					
tion the creditor took Date action was taken	Amount					
ur property in the possession of an assignee for the be	nefit of creditors, a					
any gifts with a total value of more than \$600 per perso	n?					
ne gifts  Dates you gave the gifts	Value					
Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any class. No  Yes. Fill in the details for each gift or contribution.						
hat you contributed Dates you contributed	Value					
ed for bankruptcy, did you lose anything because of th	eft, fire, other disaster,					
hat insurance has paid. List pending loss	Value of property lost					
tcy petition?						
n and value of any manager.	A					
	Amount of payment					
Filing Fee & Attorney Fees Feb. 9, 2018	\$810.00					
	any gifts with a total value of more than \$600 per personal parts or contributions with a total value of more than \$600 per personal parts or contributions with a total value of more than the gifts any gifts or contributed any parts of the gifts any gifts or contributed any parts of the gifts any gifts or contributed and gifts or contributed any gifts or contributed and gifts or contributed any gifts or contributed an					

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any protransferred		Date payment or transfer was made	Amount of payment		
	Cricket Debt Counseling	Credit Counseling Certificate	e	June 2, 2018	\$24.00		
	cricketdebt.com						
17.	Within 1 year before you filed for bankruptcy, d promised to help you deal with your creditors of Do not include any payment or transfer that you lis	or to make payments to your credit		transfer any proper	ty to anyone who		
	■ No						
	Yes. Fill in the details.						
	Person Who Was Paid Address	Description and value of any protransferred		Date payment or transfer was made	Amount of payment		
18.	Within 2 years before you filed for bankruptcy,	did you sell trade or otherwise tra	ansfer any prope	rty to anyone other	than property		
	transferred in the ordinary course of your busing	ness or financial affairs?		• • •			
	Include both outright transfers and transfers made include gifts and transfers that you have already lis  No		security interest o	or mortgage on your <sub>l</sub>	property). Do not		
	Yes. Fill in the details.						
	Person Who Received Transfer Address			ny property or eceived or debts nange	Date transfer was made		
	Person's relationship to you		·	J			
19.	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect		self-settled trus	t or similar device o	f which you are a		
	■ No □ Yes. Fill in the details.						
	Name of trust	Description and value of the pro	perty transferred	d	Date Transfer was made		
Par	8: List of Certain Financial Accounts, Instru	ments, Safe Deposit Boxes, and S	torage Units		made		
20.	Within 1 year before you filed for bankruptcy, w	vere any financial accounts or instr	uments held in y	our name, or for yo	ur benefit, closed,		
	sold, moved, or transferred? Include checking, savings, money market, or of houses, pension funds, cooperatives, associati			res in banks, credit	unions, brokerage		
	■ No □ Yes. Fill in the details.						
		st 4 digits of Type of acco	unt or Date	account was	Last balance		
		count number instrument	close	ed, sold, ed, or sferred	before closing or transfer		
21.	Do you now have, or did you have within 1 year cash, or other valuables?	before you filed for bankruptcy, a	ny safe deposit b	oox or other deposit	ory for securities,		
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it?  Address (Number, Street, City, State and ZIP Code)	Describe the co	ontents	Do you still have it?		

Statement of Financial Affairs for Individuals Filing for Bankruptcy

22	Have you stored property in a storage unit or pla	ace other than your home within 1	vear before you filed for bankruptcy	?				
	_		your notice you mount to name apro-	-				
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?				
Par	9: Identify Property You Hold or Control for S	·						
23.	Do you hold or control any property that someon for someone.	ne else owns? Include any proper	ty you borrowed from, are storing for	, or hold in trust				
	No							
	Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value				
Par	10: Give Details About Environmental Informa	tion						
For	he purpose of Part 10, the following definitions a	apply:						
-	Environmental law means any federal, state, or I toxic substances, wastes, or material into the air regulations controlling the cleanup of these sub	r, land, soil, surface water, ground stances, wastes, or material.	lwater, or other medium, including st	atutes or				
_	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or us to own, operate, or utilize it, including disposal sites.							
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.							
Rep	ort all notices, releases, and proceedings that yo	u know about, regardless of when	they occurred.					
24.	Has any governmental unit notified you that you	may be liable or potentially liable	under or in violation of an environme	ental law?				
	■ No							
	Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any	release of hazardous material?						
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or adminis	trative proceeding under any envi	ronmental law? Include settlements a	and orders.				
	■ No □ Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	11: Give Details About Your Business or Conr	nections to Any Business						
27.	Within 4 years before you filed for bankruptcy, d	id you own a business or have an	y of the following connections to any	business?				
	☐ A sole proprietor or self-employed in a tr	rade, profession, or other activity,	either full-time or part-time					
	☐ A member of a limited liability company	(LLC) or limited liability partnershi	ip (LLP)					
Offici	Il Form 107 Statement of	f Financial Affairs for Individuals Filing	for Bankruptcy	page				

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Best Case Bankruptcy

Der	ioi	Lois-Jean Cescilla Benjamin		Case number (if known)						
		☐ A partner in a partnership								
		☐ An officer, director, or managing ex	ecutive of a corporation							
☐ An owner of at least 5% of the voting or equity securities of a corporation										
		No. None of the above applies. Go to								
		Yes. Check all that apply above and fill in the details below for each business.								
		siness Name dress	Describe the nature of the business	Employer Identification number						
		mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN						
				Dates business existed						
28.		hin 2 years before you filed for bankrup itutions, creditors, or other parties.	tcy, did you give a financial statement to	anyone about your business? Include all financial						
		No								
		Yes. Fill in the details below.								
	Na Ad	me dress	Date Issued							
		mber, Street, City, State and ZIP Code)								
Par	t 12:	Sign Below								
are t with 18 U	rue a ba .S.C	and correct. I understand that making a ankruptcy case can result in fines up to . §§ 152, 1341, 1519, and 3571.		I I declare under penalty of perjury that the answers r obtaining money or property by fraud in connection years, or both.						
		s-Jean Cescilia Benjamin ean Cescilia Benjamin	Signature of Debtor 2							
		re of Debtor 1	-							
Dat	e <u>.</u>	June 6, 2018	Date							
Did y ■ N □ Y	0	attach additional pages to Your Stateme	ent of Financial Affairs for Individuals Fi	ling for Bankruptcy (Official Form 107)?						
Did	you	pay or agree to pay someone who is no	t an attorney to help you fill out bankrup	otcy forms?						
■ N	•									
ЦΥ	es. N	Name of Person Attach the <i>Bankru</i>	uptcy Petition Preparer's Notice, Declaration	n, and Signature (Official Form 119).						

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Fill in this information to identify your case:						
Debtor 1	Lois-Jean Cescilia Benjamin					
Debtor 2 (Spouse, if filing)						
United States B	ankruptcy Court for the: Middle District of Pennsylvania					
Case number (if known)						

Check as directed in lines 17 and 21:							
According to the calculations required by this Statement:							
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						

☐ Check if this is an amended filing

## Official Form 122C-1

## **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

			•							
Pa	rt 1: Calculate Your Average Monthly Income									
1.	What is your marital and filing status? Check on	e only.								
	☐ Not married. Fill out Column A, lines 2-11.									
	■ Married. Fill out both Columns A and B, lines 2-	11.								
1	Fill in the average monthly income that you received fron 101(10A). For example, if you are filing on September 15, the the 6 months, add the income for all 6 months and divide the spouses own the same rental property, put the income from the same rental property.	e 6-montl total by	h period woul 6. Fill in the r	d be Ma esult. De	arch 1 throu o not includ	igh Aug de any i	gust 31. If the amount m	ount of you ore than o	ur monthly income once. For example	varied during , if both
						Colur Debte		Colum Debton		
2.	Your gross wages, salary, tips, bonuses, overting payroll deductions).	me, and	d commiss	ions (b	efore all	\$	7,548.97	\$	0.00	
3.	<b>Alimony and maintenance payments.</b> Do not incl Column B is filled in.	ude pa	yments fron	n a spo	use if	\$	0.00	\$	0.00	
4.	All amounts from any source which are regularl of you or your dependents, including child supp from an unmarried partner, members of your house and roommates. Do not include payments from a syou listed on line 3.	ort. Ind	clude regula our depend	ar contr ents, pa	ibutions arents,	\$	0.00	\$	0.00	
5.	Net income from operating a business, profession, or farm	Dek	otor 1							
	Gross receipts (before all deductions)		\$ 0.00	_						
	Ordinary and necessary operating expenses	-	\$ 0.00	_						
	Net monthly income from a business, profession, or	r farm \$	0.00	Cop	y here ->	\$	0.00	\$	0.00	
6	Net income from rental and other real property	Dek	otor 1							
	Gross receipts (before all deductions)	\$	3,4	99.71	_					
	Ordinary and necessary operating expenses	-\$	3,3	18.12	_					
	Net monthly income from rental or other real property	\$	1	81.59	Copy here ->	\$	181.59	\$	0.00	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 1

Desc

15.	Your current monthly income. Sub	nber of months in a year).	hese steps:				\$ 7, x 12	730.56 730.56
15.	Your current monthly income. Sub	otract line 13 from line 12.	\$				7	730.56
	Your current monthly income. Sub	otract line 13 from line 12.	\$	0.00	0 Col	oy here=>	- 	
14				0.00	0 Col	oy here=>	 \$ 7.	
	Total			0.0	0 Co	oy here=>		0.00
			<del>+</del> \$					
			\$		_			
	and adjustment does not apply,	Cittor o bolow.	\$					
	adjustments on a separate page.  If this adjustment does not apply,	•	iount of income de	voted to each	i puipose.	ii necessary	, iist addition	aı
	dependents, such as payment of Below, specify the basis for exclu	the spouse's tax liability or t	he spouse's suppo	rt of someone	e other tha	an you or you	ır dependent	3.
•	Fill in the amount of the income li	sted in line 11, Column B, th						
_	<ul><li>You are married and your spouse</li></ul>	,	JI ∪ 4¥ .					
	<ul><li>You are not married. Fill in 0 belo</li><li>You are married and your spouse</li></ul>		alow					
_	Calculate the marital adjustment. Ch	neck one:						
12. C	Determine How to Measure Your Copy your total average monthly income		me				\$ 7,	730.56
	_						Total a monthl	verage y income
	Calculate your total average monthle each column. Then add the total for Co			7,730.56	+ \$	0.00	= \$7,	730.56
	Total amounts from separate	pages, if any.	+	\$	0.00	\$	0.00	
				\$	0.00	\$	0.00	
				\$	0.00	\$	0.00	
r d	ncome from all other sources not li Do not include any benefits received us received as a victim of a war crime, a condition terrorism. If necessary, list of otal below.	nder the Social Security Act crime against humanity, or ir	or payments nternational or					
	penefit under the Social Security Act.	of include any amount receiv	ved that was a	\$	0.00	\$	0.00	
o <b>-</b>	For your spousePension or retirement income. Do no		0.00					
	For you		0.00					
	Do not enter the amount if you contend he Social Security Act. Instead, list it h		vas a benefit under	•				
	Jnemployment compensation			\$	0.00	\$	0.00	
8. <b>L</b>	nterest, dividends, and royalties			\$	0.00	\$ 	0.00	
				Debior		non-filing		
				Column A  Debtor 1		Column B Debtor 2 o	or .	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 2

Desc

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 3

Desc

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:	
Debtor 1 Lois-Jean Cescilia Benjamin	
Debtor 2 (Spouse, if filing)	_
United States Bankruptcy Court for the: Middle District of Pennsylvania	
Case number(if known)	☐ Check if this is an amended filing
Official Form 122C-2 Chapter 13 Calculation of Your Disposable	e Income 04/16
To fill out this form, you will need your completed copy of <i>Chapter 13 State Commitment Period</i> (Official Form 122C-1).	tement of Your Current Monthly Income and Calculation of
Be as complete and accurate as possible. If two married people are filing space is needed, attach a separate sheet to this form, Include the line nun additional pages, write your name and case number (if known).	
Part 1: Calculate Your Deductions from Your Income	
The Internal Revenue Service (IRS) issues National and Local Standard the questions in lines 6-15. To find the IRS standards, go online using information may also be available at the bankruptcy clerk's office.	
Deduct the expense amounts set out in lines 6-15 regardless of your actual expenses if they are higher than the standards. Do not include any operating 122C-1, and do not deduct any amounts that you subtracted from your spot	g expenses that you subtracted from income in lines 5 and 6 of Form
If your expenses differ from month to month, enter the average expense.	
Note: Line numbers 1-4 are not used in this form. These numbers apply to in	nformation required by a similar form used in chapter 7 cases.
5. The number of people used in determining your deductions from i	income
Fill in the number of people who could be claimed as exemptions on you plus the number of any additional dependents whom you support. This the number of people in your household.	
National Standards You must use the IRS National Standards to	answer the questions in lines 6-7.
Food, clothing, and other items: Using the number of people you enter the standards fill in the dellar amount for food, clothing, and other items.	tered in line 5 and the IRS National

**Chapter 13 Calculation of Your Disposable Income** 

Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

page 1

Standards, fill in the dollar amount for food, clothing, and other items.

People who are under 65 years of age			
7a. Out-of-pocket health care allowance per person	\$	52	
7b. Number of people who are under 65	X	3_	
7c. <b>Subtotal.</b> Multiply line 7a by line 7b.	\$	156.00	Copy here=> \$156.00
People who are 65 years of age or older			
7d. Out-of-pocket health care allowance per person	\$	114	
7e. Number of people who are 65 or older	X	0	
7f. Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy here=> \$ 0.00_
7g. <b>Total.</b> Add line 7c and line 7f			\$156.00 Copy total here=> \$156.00
Local Standards - You must use the IRS Local Standards to	o anew	or the guestic	one in lines 8-15

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

- Housing and utilities Insurance and operating expenses: Using the number of people you entered in line 5, fill 646.00 in the dollar amount listed for your county for insurance and operating expenses.
- Housing and utilities Mortgage or rent expenses:
  - 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.

1,247.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Aver	rage monthly nent						
PennyMac Loan Services	_ \$	2,838.12						
9b. Total average monthly payment	\$	2,838.12	Copy here=>	-\$_	2,	838.12	Repeat this on line 33a	
Net mortgage or rent expense.			,			7		
Subtract line 9b (total average monthly payment) from li or rent expense). If this number is less than \$0, enter \$0		(mortgage	\$		0.00	Copy here=>	\$	0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

9c.

178.00

not claim more than the IRS Local Standard for Public Transportation.

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may

Other N	Necessary Expenses	In addition to the expense de the following IRS categories		listed above,	you are allowed your monthly expenses	s for		
se yo	6. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.							
	Do not include real estate, sales, or use taxes.							
17. <b>In</b>	Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.							
	· ·		o. such as	voluntary 40	1(k) contributions or payroll savings.	\$	588.27	
18. <b>Li</b> t fili Do	8. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.							
		The total monthly amount the			by the order of a court or			
		n as spousal or child support				¢	0.00	
	, ,				ou will list these obligations in line 35.	\$		
	<b>ducation:</b> The total monther as a condition for your jour jour jour jour jour jour jour j	nly amount that you pay for e	ducation	that is either r	required:			
	for your physically or me	entally challenged dependent	child if no	o public educa	ation is available for similar services.	\$	0.00	
				•	itting, daycare, nursery, and preschool.			
		r any elementary or seconda	-	•	naing, dayoure, naroory, and proconcor.	\$	0.00	
tha	22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.							
Pa	ayments for health insura	nce or health savings accoun	ts should	be listed only	in line 25.	\$	0.00	
for ph ind Do	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.							
	dd all of the expenses a	llowed under the IRS exper	nse allow	ances.		\$	5,380.96	
	onal Expense Deduction							
		Note: Do not include ar	ny expens	se allowances	s listed in lines 6-24.			
ins					ses. The monthly expenses for health ly necessary for yourself, your spouse, o	ır		
Не	ealth insurance		\$	6.39				
Di	sability insurance		\$	0.00				
He	ealth savings account	+	\$	0.00	7			
То	otal		\$	6.39	Copy total here=>	\$	6.39	
Do	you actually spend this				_			
	,	ou actually spend?						
	Yes		\$					
co yo	ntinue to pay for the reas our household or member	onable and necessary care a	and suppo o is unabl	ort of an elder e to pay for s	actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may 29A(b)	\$	0.00	
	27. <b>Protection against family violence.</b> The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.							
	By law, the court must keep the nature of these expenses confidential.							

**Chapter 13 Calculation of Your Disposable Income** 

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Best Case Bankruptcy

Debtor 1	Lois-Jean Cescilia Benjamin	Cas	e number ( <i>if known</i> )						
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance	e and operating expenses or	1					
	If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs								
	You must give your case trustee documents amount claimed is reasonable and necessary	ation of your actual expenses, and you must s ry.	show that the additional	\$0	.00				
		ren who are younger than 18. The monthly pendent children who are younger than 18 ye		r					
	You must give your case trustee documenta claimed is reasonable and necessary and n								
	* Subject to adjustment on 4/01/19, and ever	ry 3 years after that for cases begun on or af	ter the date of adjustment.	\$0	.00				
	30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.								
		onal allowance, go online using the link spec o be available at the bankruptcy clerk's office							
	You must show that the additional amount of	claimed is reasonable and necessary.		\$ 0.	.00				
	<b>Continuing charitable contributions.</b> The instruments to a religious or charitable orga	amount that you will continue to contribute in nization. 11 U.S.C. § 548(d)(3) and (4).	the form of cash or financia	I					
	Do not include any amount more than 15%	of your gross monthly income.		\$	.00				
	Add all of the additional expense deduct Add lines 25 through 31.	ions.		\$ 6.39	9				
Ded	uctions for Debt Payment								
33. <b>F</b>	-	n property that you own, including home	mortgages, vehicle						
7	·	ent, add all amounts that are contractually du	e to each secured						
	Mortgages on your home	,		Average monthly					
33a.	Conviling Oh hara			payment					
JJa.			=>	\$ 2,838.12	-				
22h	Loans on your first two vehicles  Copy line 13b here			¢ 2.04					
33b.				\$ 3.91	=				
33c.	Copy line 13e here		=>	\$0.00	_				
33d.	List other secured debts:								
Nam	e of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?						
			□ No						
	-NONE-		☐ Yes	\$					
				<b>D</b>	_				
			□ No						
			☐ Yes	\$					
					_				
			_	•					
			☐ Yes +	\$					
			Cop	ov.					
33e	Total average monthly payment. Add lines	33a through 33d	e 2842.03 tota		3_				

**Chapter 13 Calculation of Your Disposable Income** 

page 5

Desc

		debts that you listed in line property necessary for you				е,				
	■ No.	Go to line 35.								
	☐ Yes.	State any amount that you listed in line 33, to keep pool Next, divide by 60 and fill in	ssession of your propert							
Na	me of the	creditor	Identify property that so	ecures the de	bt	To	otal cure amount		onthly nount	
-N	ONE-				\$			÷ 60 = \$		
					Total	\$	0.00	Copy total here=>	\$_	0.00
		owe any priority claims - su due as of the filing date of				hat				
	■ No.	Go to line 36.								
	☐ Yes.	Fill in the total amount of al ongoing priority claims, suc	l of these priority claims. h as those you listed in	. Do not inclu line 19.	de current or					
		Total amount of all past-d	ue priority claims			\$	0.00	÷ 60	\$_	0.00
36.	Projecte	d monthly Chapter 13 plan	payment			\$		_		
	Office of the Exec To find a li	nultiplier for your district as s the United States Courts (for utive Office for United States ist of district multipliers that inclun structions for this form. This list	r districts in Alabama and Trustees (for all other d des your district, go online u	d North Caro listricts). using the link s	lina) or by	Χ.		Convitatel		
	Average	monthly administrative expe	nse				\$	Copy total here=>		
37.		of the deductions for debtes 33e through 36.	payment.						\$	2,842.03
Tot	al Deduc	tions from Income								
38.	Add all c	of the allowed deductions.								
		ne 24, All of the expenses all e allowances	owed under IRS	\$	5,380.96	6				
	Copy lin	ne 32, All of the additional ex			6.39	9				
		ne 37, All of the deductions for		+\$	2,842.03	3				

copy line 24, All of the expenses allowed under IRS expense allowances	\$	5,380.96	
Copy line 32, All of the additional expense deductions	\$	6.39	
Copy line 37, All of the deductions for debt payment	+\$	2,842.03	٦
Total deductions	\$	8,229.38	Copy total he

Desc

8,229.38

Debtor 1

☐ Decrease

☐ Increase

☐ Decrease

☐ Increase

☐ Decrease

Part 2:	Determine Your Disposable Income Under 11 U.S.C. § 13	25(b)	(2)					
	py your total current monthly income from line 14 of Form 1 stement of Your Current Monthly Income and Calculation of						\$	7,730.56
<b>chil</b> disa rece	in any reasonably necessary income you receive for support ldren. The monthly average of any child support payments, fostability payments for a dependent child, reported in Part I of Forneived in accordance with applicable nonbankruptcy law to the expense to be expended for such child.	ter ca n 122	are pa 2C-1,	ayments, or that you	\$		0.00	
emp in 1	in all qualified retirement deductions. The monthly total of a ployer withheld from wages as contributions for qualified retirem 1 U.S.C. § 541(b)(7) plus all required repayments of loans from acified in 11 U.S.C. § 362(b)(19).	nent p	olans	, as specified	\$	29	1.46	
42. <b>Tot</b> a	al of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).	Сору	line	38 here =>	<b>&gt;</b> \$	8,22	9.38	
exp thei	duction for special circumstances. If special circumstances judicinenses and you have no reasonable alternative, describe the spir expenses. You must give your case trustee a detailed explanation that the expenses and documentation for the expenses.	ecial	circu	ımstances and	d			
Describ	be the special circumstances		Am	ount of expe	nse			
	Husband's Term Life Insurance Premium	9	\$	49	.43			
_	Husband's Car Payment	— (	\$	123	3.84			
_	Husband's Mortgage (Pike Cty. House)	—	 \$	1,610	).94			
-	Husband's Monthly Credit Card Payments	— `	т — В	300	0.00			
_	Total	\$_		2,084.21	Co <sub>l</sub>	py re=>\$	2,084.21	
44. <b>Tot</b> a	al adjustments. Add lines 40 through 43.			=> [	§	10,605.05	Copy here=> -\$	10,605.05
	culate your monthly disposable income under § 1325(b)(2).	. Sub	tract	line 44 from li	ne 39	9.	\$	-2,874.49
Part 3:	Change in Income or Expenses							
have time you	ange in income or expenses. If the income in Form 122C-1 or re changed or are virtually certain to change after the date you fe your case will be open, fill in the information below. For example filed your petition, check 122C-1 in the first column, enter line ages increased, fill in when the increase occurred, and fill in the ages increased.	iled y ole, if 2 in th	our b the v he se	pankruptcy pe vages reporte cond column,	tition d inc	and during the reased after		
Form	Line Reason for change		D	ate of change		Increase or decrease?	Amount of c	hange
☐ 122C	D-1					☐ Increase		
☐ 122C			_		_	Decrease	\$	
□ 122C	C-1					☐ Increase		

Official Form 122C-2

☐ 122C-2

☐ 122C-1

☐ 122C-2

□ 122C-1

☐ 122C-2

Debtor 1	Lois-Jean Cescilia Benjamin	Case number (if known)	
	_		
Part 4:	Sign Below		
E	By signing here, under penalty of perjury you declare that the info	rmation on this statement and in any attachments is true and correct.	
-	/s/ Lois-Jean Cescilia Benjamin Lois-Jean Cescilia Benjamin Signature of Debtor 1		
Date	June 6, 2018 MM / DD / YYYY		

## United States Bankruptcy Court Middle District of Pennsylvania

	ean Cescilia					Case No.	
				Debtor(s)		Chapter	13
	DISCL	OSURE OF CO	OMPENSATI	ON OF AT	TORNEY F	OR DE	BTOR(S)
compensatio	on paid to me	29(a) and Fed. Bankr within one year before the debtor(s) in conten	e the filing of the p	etition in bankru	ptcy, or agreed	to be paid	to me, for services rendered or to
For leg	gal services, I h	ave agreed to accept			\$		4,000.00
Prior to	o the filing of t	his statement I have r	received		\$		500.00
							3,500.00
2. The source	of the compens	sation paid to me was	s:				
■ De	ebtor $\square$	Other (specify):					
3. The source	of compensation	on to be paid to me is	:				
☐ De	ebtor	Other (specify):	Charles J. Del-	lart, III, Truste	е		
4. ■ I have n	not agreed to sl	nare the above-disclos	sed compensation v	with any other pe	erson unless they	are memb	pers and associates of my law firm
		the above-disclosed of the together with a list of					or associates of my law firm. A ched.
5. In return for	or the above-dis	sclosed fee, I have ag	reed to render legal	l service for all a	spects of the bar	nkruptcy c	ase, including:
b. Preparat c. Represer d. [Other p Ne	tion and filing of the corovisions as neededings with a second se	of any petition, sched debtor at the meeting eded] vith secured credit	dules, statement of a of creditors and con- tors to reduce to oplications as ne	affairs and plan v nfirmation hearin o market value eeded; prepara	which may be reading, and any adjo	quired; urned hear lanning;	rile a petition in bankruptcy; rings thereof; preparation and filing of ons pursuant to 11 USC
6. By agreeme	ent with the del	otor(s), the above-disc	closed fee does not	include the follo		voidance	es, contested matters, relief
			CERT	IFICATION			
I certify that this bankruptcy p		is a complete statem	ent of any agreeme	ent or arrangemen	nt for payment to	o me for re	epresentation of the debtor(s) in
June 6, 201	18			/s/ Vincent R	ubino		
Date				Vincent Rubi			
				Signature of Att			
				712 Monroe S			
				PO Box 511	, PA 18360-05	11	
				570-421-9090	Fax: 570-42	4-9739	
					wmanwilliams	.com	
				Name of law fir	т		

## United States Bankruptcy Court Middle District of Pennsylvania

In re	Lois-Jean Cescilia Benjamin		Case No.	
		Debtor(s)	Chapter	13
	VERIFIC	ATION OF CREDITO	R MATRIX	
The ab	ove-named Debtor hereby verifies that the	e attached list of creditors is true and	d correct to the best	of his/her knowledge.
Date:	June 6, 2018	/s/ Lois-Jean Cescilia Benja		
		Lois-Jean Cescilia Beniami	n	

Signature of Debtor